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Citation for final published version:

Bennett, Clare ORCID: <https://orcid.org/0000-0002-5144-3894> and Harden, Jane ORCID: <https://orcid.org/0000-0001-8158-6450> 2019. Sexuality as taboo: using IPA and a Foucauldian lens to explore fathers' practices in talking to their children about puberty, relationships and reproduction. Journal of Research in Nursing 24 (1-2) , pp. 22-33. 10.1177/1744987118818863 file

Publishers page: <https://doi.org/10.1177/1744987118818863>
<<https://doi.org/10.1177/1744987118818863>>

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Sexuality as Taboo: Using IPA and a Foucauldian Lens to Explore Fathers' Practices in Talking to their Children about Puberty, Relationships and Reproduction.

Abstract

This study explored eight fathers' perceptions and experiences of discussing puberty, relationships and reproduction with their ten year old children. The paper commences with a genealogical analysis of the history of sex education in England from the Public Health Act of 1848 to the present day. Interpretative Phenomenological Analysis (IPA) was used as both a methodology and a method. Face to face interviews were conducted with each father and results were analysed idiographically, followed by analysis across the group. Interpretations were developed using a Foucauldian lens of governmentality and biopower. The paper explores how synthesis of IPA with a Foucauldian lens revealed significant tensions between the fathers' cognitions, accounts and behaviours which were underpinned by an enduring perception of sexuality as taboo. By providing a contextualised understanding of the fathers' practices this study demonstrates that a more informed approach to health promotion strategy can be achieved and the implications for nursing are explored.

Key Words:

Fathers, Sexuality Education, Taboo, Interpretative Phenomenological Analysis, Foucault.

Introduction

Internationally, young people's vulnerability to compromised sexual health is well documented with prevalence estimates suggesting that 15–24 year olds acquire over half of all new sexually transmitted infections (STIs) internationally (CDC, 2017; ECDC, 2015). Such statistics are highly significant at the micro, meso and macro levels since STIs are associated with infertility and severe morbidities (Shepherd et al., 2010) as well as negative psychosocial consequences (Nack, 2008; Royer and Cerf, 2009).

In the UK 16-24 year olds experience higher rates of STIs and unintended pregnancy than any other age-range (FPA, 2016; Public Health Wales, 2017; Public Health England 2017) and it is feared that this could be compounded by the current 'perfect storm' in sexual and reproductive health in the UK since fragmented commissioning of services is leading to a reduction in specialist services and there is insufficient funding for comprehensive prescribing of contraception (Royal College of General Practitioners, 2017; British Association for Sexual Health and HIV, 2017; Local Government Association, 2017). Sexual health promotion, particularly for young people has, arguably, never been more important.

Current approaches to Relationships and Sex Education (RSE) aim to enable young people to develop their confidence and resilience in relation to sexual health decision making (AYPH, 2016; Department of Health, 2013). One such approach is through parent-child sexuality-communication since open communication has been demonstrated to reduce young people's sexual risk taking (Flores and Barroso, 2017; Widman et al., 2006, 2016). However, such communication is frequently perceived to be problematic by parents (Frankham, 2006; Stone et al., 2013, 2015a, 2015b, 2017) with a lack of quality communication characterising much of the provision. It would also appear that gender differences exist in this relationship since the impact appears more significant in mother-child sexuality communication than father-child communication (Widman et al., 2016). However, a paucity of studies that have specifically explored the father's role in this regard makes this relationship difficult to understand. We know that fathers can play an important role in this aspect of their children's development (Dilorio et al., 2003; Wilson et al., 2010; Wyckoff et al., 2008) but we know very little about the father's lived experience in this regard. This study, therefore, aimed to contribute to addressing this deficit by exploring the following research question:

'What are the perceptions and practices of fathers in educating their children about **puberty**, reproduction and relationships?'

Genealogical analysis

Instead of a traditional literature review this study commenced by analysing the socio-historical context of RSE in England, in order to place the men's stories in context. A genealogical analysis was carried out through documentary analysis commencing with the Public Health Act of 1848. The analysis revealed four themes:

Absence beyond crises

Threats to public and moral health in England, such as the increased prevalence of STIs during the two world wars, the fear surrounding HIV in the late 1980s and the increased STI rates amongst young people since the 1990s, has galvanised government intervention with regards to RSE. However, beyond times of 'moral crisis' sex education messages from central government have been equivocal. As Pilcher (2005) argues in her analysis of the official guidance manuals concerning the teaching of health education in schools, 1928-1939: 'given that virtually every other bodily system, function and process, from the frequency of bowel movements to the proper way to breathe, are specified, the human sexual and reproductive body is conspicuous by its absence' (Pilcher, 2005:156). By avoiding the topic of reproduction the implication was that sex should not be discussed in schools.

Scientific truths privileged over lived truths

In 1943, the Board of Education advised that older adolescents should receive 'instruction and advice directed to the understanding and control of sexual impulse and emotion, leading on to the establishment of mutual understanding and respect between the sexes, and ... to an adequate preparation for marriage' (Board of Education, 1943:3-4). The aim of RSE was to channel the 'sexual instinct' into the socially acceptable contexts of heterosexuality, marriage and parenthood. The dominant construction of the 'sexual impulse' was a negative one with sexuality being aligned with 'moral and social problems'. Thus the scientific truths of sex were privileged over the lived truths of sexual pleasure (Pryce, 2001).

Such discourses continued through to the 1970s with RSE becoming less concerned with physiology and more with morality to 'protect boys and girls from hazards to health created by their own behaviour' (Department of Education and Science, 1977:28). Thus the emphasis moved from restraint to an acceptance that young people may engage in sexual activities but they had a responsibility to ensure that the interaction minimised risk. By the mid-1980s RSE had become 'firmly integrated into the curriculum as a whole' (Allen, 1987:193) but concern grew from the political right that RSE encouraged not only a 'precocious and promiscuous' heterosexuality but also homosexuality as an

acceptable form of sexuality (Durham, 1991:111). Consequently, a national, prescriptive statutory framework for RSE was developed.

A vacuum

The 1986 Education Act along with Section 28 of the 1988 Local Government Act, which stated that councils should not promote homosexuality in schools, 'frightened off' (Pilcher 2005:166) teachers from addressing sex education issues. By the mid-1990s children's rights to sex education were very limited; they faced restrictions regarding the particular 'moral framework' of sex education that would be presented to them by their schools, they had no right to receive sex education if their parents decided to withdraw them from these lessons and they had no right to confidentiality if they disclosed their sexual activities to teachers. Although Section 28 was repealed in 2003, RSE in the current millennium has been characterised by a lack of clarity and investment with the Office for Standards in Education, Children's Services and Skills (OFSTED, 2013) identifying that RSE required improvement in over a third of schools in England, culminating in the decision by the conservative government in 2017 to make sex education compulsory in all secondary schools and relationships education will be introduced for all school pupils from age four.

The rise of experts and demise of parents

With the increasing governmentality of RSE in England, the role of the parent as sexuality educator has been gradually replaced by a cadre of 'experts' such as politicians, clergy, the medical profession, public health professionals, educators and, in more recent times, the media with a gradual erosion of the role of the parent in this domain. In 1943, it was suggested that although responsibility for RSE lay primarily with parents, RSE should take place in school (Board of Education, 1943). Throughout the 1950s the position was maintained that RSE was 'by general agreement' best given by parents but the position of schools as sexuality educators was significantly strengthened (Ministry of Education, 1958:189). In 1968 the Handbook of Health Education (Department of Education and Science, 1968) made reference to contraception and sexually transmitted diseases for the first time and whilst the need for parental support and cooperation was noted, the need for schools to provide sex education was emphasised. Thus, the regulation of sexuality amongst young people created new roles for experts and expert knowledge in the government of young people and children and the regulation of their personal identities. As Mort (1987:208) asserts 'sex education firmly reinstated normalising hierarchies of knowledge, which set teachers above parent ...'.

Methodology

A Foucauldian lens of governmentality (Foucault, 1979) was employed throughout the study. Governmentality is characterised by pervasive surveillance and disciplining of the individual and the population 'in relation to a whole series of power networks that invest in the body, sexuality, the family, kinship, knowledge, technology and so forth' (Foucault 1980:122). Policy decisions such as those that relate to RSE are, intentionally or otherwise, an example of a technology of power that can shape the conduct of the population. Thus, in the context of RSE the concept of governmentality can help to make a connection between macro level public health policy and the lived experiences of children and young people at the micro level.

The research employed Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) as both a methodology and a method. IPA is concerned with social cognition by facilitating the researcher in 'unravelling the relationship between what people think (cognition), say (account) and do (behaviour)' (Smith and Eatough, 2012:442) which this study sought to achieve. IPA's focus on phenomenology as dynamic and the emphasis that is placed on interpretation, subjectivity, nuance, variation and the particular (Smith et al., 2009) aligned the approach with the philosophical position of the study.

Methods

The aim of the study was to explore the fathers' perceptions and practices in educating their children about physical maturation, reproduction and relationships. Eight fathers of four ten-year-old girls and four ten-year-old boys respectively were recruited through advertisements placed with schools, scouting groups, football clubs, cricket clubs, rugby clubs, community groups and social networking sites. All of the fathers lived with the child or children who were being discussed in the study full-time and they lived with the mothers of their children. The sample was homogenous, a quality which is advocated for IPA studies (Smith et al., 2009); the fathers were all white professionals, aged forty-two to forty-six years old and educated to Masters level or equivalent. All fathers participated in individual semi-structured face-to-face interviews which lasted between thirty and seventy-two minutes. Throughout the interviews the double hermeneutic (Smith et al. 2009) was employed in making sense of the fathers' experiences. The interviews were recorded and transcribed verbatim. Data analysis was carried out as per Smith et al.'s (2009) guidelines. Thus, analysis was an iterative and inductive process with each interview analysed separately initially. Each transcript was analysed line by line and initial descriptive notes were made, followed by observations of the language used and semantic content and finally, conceptual comments were recorded which, in due course, became themes. The process was cyclical in that emerging themes were tested against earlier data and themes were, on occasion, changed to become subordinate or superordinate. Finally, a cross-group comparison was made to identify areas of convergence and divergence between the fathers. To facilitate this process

Smith et al.'s (2009) guidance concerning the use of abstraction, subsumption, polarisation, contextualisation, numeration and function was used in order to establish a deeper understanding of the data. In keeping with Heidegger's (2010:195) assertion that 'priority should be given to the new object rather than to one's preconceptions' and Gadamer's contention that pre-understandings or 'prejudices' will be present and changing throughout the interpretative process (Moran, 2000) emphasis was given to reflexivity throughout the data analysis phase of the study and interpretations were discussed in detail with the second author to ensure that they remained true to the men's words. Reflexivity was of particular importance in this study since the first author was an insider, in that she too was a parent of a ten year old child, and the risk of bias and preconceived assumptions were a significant risk to the rigour of the study.

The School of Healthcare Sciences Research Ethics Committee at Cardiff University granted approval for this study.

Results

All of the fathers recognised that they needed to talk to their children about their changing bodies, relationships and reproduction as they felt that it would be protective for their children. Indeed, they asserted that it is a parental responsibility but acknowledged that they struggled in this domain with all but one of the fathers continuing the silence that characterised their own learning about sexuality as children. For the purposes of this paper one superordinate theme which emerged across the group will be focused upon: 'Sexuality: An Enduring Taboo' since it is of particular relevance to the nurse's role (International Council of Nurses, 2018). The other two themes which emerged, 'Childhood Innocence' and 'Fatherhood: Aspirations and Realities' have been reported elsewhere (Anon, 2017a, 2017b). The subordinate themes which informed the development of the superordinate theme 'Sexuality: An Enduring Taboo' were: 'discomfort', 'avoidance' and 's/he knows something but I don't know how much'. These are presented below; pseudonyms have been used throughout.

Discomfort

Discomfort was a feature of all of the fathers' transcripts. For example, one father, James, used language that suggested a lack of ease in discussing puberty, sex and relationships with his son: '*I sort of tease around the edge with Rich...*'. In addition, his use of euphemism in referring to his son's genitals as '*private parts*' suggested a degree of awkwardness. Similarly, Michael's use of euphemism, hesitation and partial response suggested embarrassment in directly responding to a question from his son: '*A long time ago he asked me sort of about the difference between girls and boys, sort of downstairs, and so I told him bits, the basic bits there but not [tails off]*'.

Equally, the fathers demonstrated discomfort in discussing sexuality with their daughters, for example Angus stated: *'... my gender does have an impact ... I'm a bloke; I am not going to understand about feelings in relation to periods and that sort of things. That isn't going to happen'*. Angus appeared to absolve responsibility for this role with his daughter because of his gender: *'it's very much been my wife taking the lead'*. His language suggested a divide between the "personal self" and the "professional self" since Angus worked with young people and would regularly engage in RSE with both genders, but there was a dissonance between his professional beliefs and personal behaviours. Similarly, another father, Steve, oversaw RSE in the professional environment for both boys and girls but in relation to discussing menstruation with his own daughter he stated: *'I think that would be very tricky, very difficult ... I really need to go home tonight and see if my wife's spoken to her at all about that ...'* Steve's dialogue suggested gendered assumptions; menarche was the domain of women and it was his wife's job to have this discussion with his daughter: *'I think that's maybe my wife's thing, not mine'*.

Avoidance

With the exception of one father, Neil, all of the fathers avoided discussing sexuality-related issues with their children. Michael outlined employing distraction techniques when scenes of a sexual nature came on the television and James described avoiding intimate conversations because *'... I don't want to embarrass him by asking and say come on let's sit down and have a chat'*. Another father, Colin, used partial answers as an avoidance strategy such as *'He's asked questions like what's that on the toilet, it's a bit of blood and I have said 'it happens to mum sometimes''*. Andy used referral to other people and resources: *'we've always said to her if you don't want to talk to us, there are friends who have got children, you can always ask them and your older friends'* and *'... [we] said to her 'you can read that if you want to''*. Nigel, however, rationalised his avoidance by infantilising his children: *'They put 'naughty girl' into Google, they ... got an image of a man with an erect penis and a woman licking it ... They were quite happy that it was a woman licking a man's penis, they didn't sexualise it. It didn't seem the horrific image we might think. It may have been brushed under the carpet or we just moved on as tomorrow is another day'*. The metaphors *'brushed under the carpet'* and *'moved on'*, with their dynamic nature, suggest that there was a wish to physically distance himself from the conversation thus avoiding the factual conversation that this situation invited.

'S/he knows something but I don't know how much'

The discomfort and avoidance outlined above appeared to lead to uncertainty amongst the fathers regarding their children's level of understanding concerning puberty, relationships and reproduction.

Michael and James guessed that their sons would have picked up some knowledge about sex from their peers and Angus, Steve and Andy stated that they did not know whether their daughters knew about reproduction or menstruation. Until a month before his interview Nigel had believed that his son knew nothing about sex but when he had started to broach the subject *'Jo, came out with this Collin's book on how to do everything and said 'Dad you should read through this as there is a bit on how to talk to your children about sex'. And I thought 'Oh My God', and he'd read it. He already knew'.*

It appeared that the fathers required a catalyst to prompt a discussion with their children. Neil referred to his daughter's physical development as a potential reason and Nigel referred to a professional situation where he had encountered a boy of a similar age to his son who had commenced puberty: *'... it was a complete shock to me, he'd gone through puberty ... I came home that night and said 'we need to talk to Jo about this'.* Colin had started to broach the issue because *'We wanted to tell him before someone in the playground or class told him, so he got all the facts right'* and Andy and Angus described feeling that they *'ought to'* talk to their girls in response to notification of RSE by their daughters' respective schools.

Discussion

Foucault (1980) argued that sexuality is historically and discursively constructed and no essence exists which requires repression or liberation. Through his understanding of power as productive Foucault (1980:105) asserted that: 'Sexuality must not be thought of as a natural given which power tries to hold in check, or as an obscure domain which knowledge tries gradually to uncover. It is the name that can be given to a historical construct'. Indeed, the fathers' perceptions of sexuality as taboo may have reflected their personal experiences of learning about sexuality since they grew up in an era where a tension characterised beliefs about sexuality in that constructionist perspectives were gaining popularity yet their own parents' beliefs were likely to have been underpinned by essentialist beliefs.

Each of the fathers described sexuality related conversations as removed from other aspects of day-to-day parenting, **regardless of the gender of their child**. This echoes the persuasive messages of the state through which normalising judgements about appropriate paternal behaviours are communicated and reinforced with a "specialness" attached to sexuality which sets it apart from the mundane and the routine (Jackson and Scott, 2010). A paradox existed between the men's perceptions of how openly they communicated with their **sons and daughters** and the virtual silence that defined their communication about sexuality with **both** their girls and boys. This finding is consistent with Kirkman et al.'s (2005) study 'Being open with your mouth shut: the meaning of "openness" in family communication' which identified a range of meanings encompassed by openness

and highlighted a mismatch between parents' perceptions of their relationships with their children and their children's perceptions.

Societies globally are reluctant to openly discuss issues of sexuality (Byers, 2011; Flores, 2017). Although the quotations regarding the fathers' discomfort at discussing menstruation with their daughters suggested gendered divisions of labour, in reality the fathers were equally uncomfortable in discussing these issues with their sons which led to avoidance behaviours. As Walker (2004) asserts, sex education can be very challenging for parents since it demands cognitive, affective and conative processes. As Foucault (1980:104) highlighted in drawing attention to the 'pedagogization of children's sex', children's sexuality education is frequently perceived as being fraught with danger: 'parents, families, educators . . . would have to take charge . . . of this precious and perilous, dangerous and endangered sexual potential'. Indeed, the fathers that participated in this study were exposed to the neoliberal economic policies and moral conservatism of the 1980s that saw the implementation of Section 28 of the Local Government Act 1988, which prohibited local authorities from 'promoting' homosexuality and 'pretended family relationships'. Their experiences of the discourses around RSE at that time may, therefore, have enhanced their perception of the "perilous" nature of sexuality communication with children.

Downing et al. (2011), Feldman and Rosenthal (2000) and Levin and Currie (2010) assert that for parents to become better sex educators their general communication skills require improvement. Turnbull et al.'s (2008) review of the literature identified that receptive parents who spend time with their children are more likely to be able to communicate openly with their adolescents about sensitive issues such as sexuality. Levin and Currie's (2010) findings also support this assertion. Whilst it is acknowledged that there is a paucity of research which has examined this relationship in the pre-adolescent period, it is likely that the findings can be applied to younger children's relationships with their parents and the subsequent quality of communication in this domain (Stone et al., 2013). However, the findings of the current study also suggest that communication could have been enhanced if the fathers had had a broader understanding of sexuality. Puberty, relationships and reproduction were subsumed as relating to heterosexual relationships by several of the participants. For example, Michael asserted that since his son was not yet interested in girls he was not yet ready to discuss any of these issues. Goldman (2008) and Goldman and Goldman (1982) also found in their research that terms such as sex, sexual and sexuality were frequently associated with coitus. Similarly, Stone et al. (2013) identified a tendency towards a biologically orientated approach to sexuality amongst parents with issues such as body comfort, gender perceptions and self-confidence frequently being overlooked.

Foucault (1977) asserted that the modern family, or the biopolitical family cell, is a panoptic, normalising entity and parents act as the instruments of doctors, therapists and biopolitical state interests. Parent-child relationships are characterised for Foucault by parental monitoring of children's sexuality and the maintenance of 'a sexually aseptic family space' (Foucault, 2004:245). This power, Foucault argues 'must model its forms, criteria, interventions and decisions on medical reasons and knowledge' and parents must, therefore, be 'diagnosticians, therapists and agents of health' (Foucault, 2004:249-50). However, the fathers' discourses appeared to reject such notions and were free of any suggestion of governmentality. The fathers made no reference to guidance for parents regarding their role in providing comprehensive sexuality education for their children, which mirrored the lack of support that continues to be available to parents in the UK.

The fathers in this study appeared to be disengaged from their children in relation to their physicality and they appeared to find it difficult to acknowledge the needs of their children in this regard. Butler (1990:130) asserts that for Foucault 'cultural values emerge as a result of an inscription on the body', with the body understood as a blank page, 'a materiality prior to signification and form'. Butler suggests that the body is made up of a set of flexible 'boundaries, individual and social, politically maintained and signified' (1990:33) and Foucault could have radicalized his theory further by a 'critical inquiry that traces the regulatory practices within which bodily contours are constructed' (1990:133) to provide a critical genealogy of how bodies are 'made'. The fathers' perceptions of their children's asexuality appeared to be supported by a lack of reference to their children's corporealities. Indeed several of the fathers, particularly the fathers who had boys, appeared to be unaware that their children were likely to be peri-pubertal. Equally though, when fathers did acknowledge physical changes in their children they did not appear to align their observations with the reality of their child's physical, psychological and social stage of development. Whilst the children were seen as gendered and potentially sexual, all but one of the fathers perceived their children as asexual in the same way that parents of younger children frequently describe their children (Egan and Hawkes, 2010). It appeared that the fathers saw their children as social constructions and discursive representations rather than a biological entity.

Original Contribution to Nursing

Open parent-child sexuality communication can be protective for young people in relation to their sexual assertiveness and decision making and it can reduce risk taking behaviours (Flores and Barroso, 2017; Widman et al., 2006, 2016). However, the use of IPA with a Foucauldian lens has shed light on the difficulties fathers may have in overcoming the taboo associated with sexuality and the impact that this may have on their communication regarding sexuality with their children. As Jackson and

Scott (2010) argue, by looking at an issue from one particular perspective another can be obscured; by interpreting the findings of this study from multiple perspectives a deeper, more informed perspective has been secured. In addition, by specifically focusing on the lived experiences of fathers of ten year old children living in England, a novel contribution to the field has been made since up until now there has been a complete absence of research pertaining to this population in relation to father-child sexuality communication.

As highlighted in the International Council of Nurses (ICN, 2018) response to The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) sexual health is frequently neglected as it occurs in a private sphere but the intimate nature of the nurse's relationship with patients and their families allows them to enter this area of health. Nurses are, therefore, well-positioned to provide families with the knowledge and resources needed to ensure that fathers are equipped to engage in sexuality communication with their children. Whilst this is largely uncharted territory, the success of family-centred nursing initiatives such as the Family Nurse Partnership (2018) demonstrate that nurse-led family centred interventions can significantly impact upon parental health behaviours and health outcomes for children.

Furthermore, at the meso and macro levels, nurses are also well placed to influence the design of policies and programmes which are family-centred and support fathers in fulfilling this aspect of their fathering role. This is of particular relevance to the UK at the current time since changes to the legislation that governs school-based RSE are currently on-going.

Limitations

The conclusions that can be drawn from this study are limited by the small sample size employed and the nature of the sample, in that cultural, religious, class and sexual diversity as factors that may influence masculine identities and fatherhood practices could not be explored. In addition, there is a risk that the language used by participants may be a construction, rather than a description of the fathers' lived realities. Throughout the process presuppositions and judgements were suspended through a process of reflexivity the aim of which was to focus on what was present in the data rather than what was assumed to be present (Shaw, 2010). However, as Smith et al. (2009) acknowledge, in IPA the researcher significantly shapes the research process and co-constructs the findings of the research; subjectivity is, therefore, a central feature of this study.

Conclusion

Historically there have been repeated shifts between the school and the home, the teachers and the parents, as the responsible extensions and transformations of the state to shape the sexual conduct of children and young people. Father-child sexuality-communication is one potential mediating factor that may help young people to develop greater resilience in reducing their exposure to sexual risk. However, the findings of this study suggest that this opportunity is currently under exploited. By examining the fathers' reports through a Foucauldian lens the strength of the enduring taboo that surrounds sexuality for the fathers, and its silencing effect, has been illuminated. Nurses are in a key position to support fathers in overcoming this silence through direct interventions with families as well as influencing health and social policy.

Key points

- A silence characterises father-child sexuality communication which can be understood when placed in context socially and historically.
- However, such silence renders children vulnerable both in childhood and later as young people and adults.
- Nurses working with families, children, young people and schools as well as those working in public health are in a position to normalise open sexuality-communication and to support fathers in undertaking this role.
- There is a need for further research to deepen our understanding of the structural barriers that fathers may face in this aspect of parenting.

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